

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>7-11-05</u>		2 Serial/Patent # <u>10/520018</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing		\$ <u>100</u>						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND							
		\$ <u>100</u>							
8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check							
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
		--							
<input type="checkbox"/>	No Fee Due (Explanation):								
Credit Card Refund									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 ext 211</u>							
OFFICE: <u>PCT - DC/EO</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: